Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

### Filing at a Glance

Companies: Ansur America Insurance Company, Frankenmuth Mutual Insurance Company

Product Name: All State WC 9-08 Rate SERFF Tr Num: FRNK-125795333 State: Arkansas

Revision

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$100 Sub-TOI: 16.0004 Standard WC Co Tr Num: CLARFGWC-38 State Status: Fees verified

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Disposition Date: 09/09/2008

Authors: Sarah Jones, Alice

Jaruzel, Wanda Raymond

Date Submitted: 09/09/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/09/2008

State Filing Description:

#### **General Information**

Project Name: Multistate WC - Terrorism Rate & Form Revision - Eff. 9- Status of Filing in Domicile: Not Filed

1-08

Project Number: 16775 Domicile Status Comments: Not required to file.

Reference Organization: NCCI Reference Number: Item B-1407
Reference Title: CW - Approval of Item B-1407 Advisory Org. Circular: CIF-2008-07

Filing Status Changed: 09/09/2008
State Status Changed: 09/09/2008
Deemer Date:

Corresponding Filing Tracking Number: Filing Description:

Filing Description: See cover letter.

# **Company and Contact**

#### **Filing Contact Information**

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

Wanda Raymond, Senior Associate wanda.raymond@ffgrp.com
One Mutual Avenue (989) 652-6121 [Phone]
Frankenmuth, MI 48787 (989) 652-5509[FAX]

**Filing Company Information** 

Ansur America Insurance Company CoCode: 10984 State of Domicile: Michigan

One Mutual Avenue Group Code: 1309 Company Type: Property &

Casualty

Frankenmuth, MI 48787 Group Name: Frankenmuth State ID Number:

Financial Grp

(989) 652-6121 ext. [Phone] FEIN Number: 38-3467437

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Frankenmuth Mutual Insurance Company CoCode: 13986

One Mutual Avenue Group Code: 1309 Company Type: Property &

Casualty

State of Domicile: Michigan

Frankenmuth, MI 48787 Group Name: Frankenmuth State ID Number:

Financial Grp

(989) 652-6121 ext. [Phone] FEIN Number: 38-0555290

-----

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

# **Filing Fees**

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: Apply filing fee to both Ansur America and Frankenmuth Mutual Insurance Companies.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Ansur America Insurance Company \$0.00 Frankenmuth Mutual Insurance Company \$0.00

CHECK NUMBER CHECK AMOUNT CHECK DATE 399051 \$100.00 09/04/2008

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

# **Correspondence Summary**

#### **Dispositions**

Status Created By Created On Date Submitted

Approved Carol Stiffler 09/09/2008

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

09/09/2008

Pending Carol Stiffler 09/09/2008 09/09/2008 Wanda Raymond 09/09/2008 09/09/2008

Industry Response

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

# **Disposition**

Disposition Date: 09/09/2008

Effective Date (New): 09/09/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:		
Ansur America Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%		
Frankenmuth Mutual Insurance Company	-1.439%	\$-18	0	\$-1,257	-1.439%	0.000%	0.000%		
Overall Rate Information	n for Multiple Com	pany Filings							
Overall Percentage Rate	Indicated For Thi	is Filing				0.000%			
Overall Percentage Rate Impact For This Filing -1.439%									
Effect of Rate Filing-Wri	Effect of Rate Filing-Written Premium Change For This Program \$-18								
Effect of Rate Filing - No	Effect of Rate Filing - Number of Policyholders Affected 0								

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

Item Type	Item Name	Item Status	Public Access		
Supporting Document	Uniform Transmittal Document-Propert Casualty	Iniform Transmittal Document-Property &Approved Casualty			
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes		
Supporting Document	NAIC loss cost data entry document	Approved	Yes		
Supporting Document	Cover Letter	Approved	Yes		
Rate	Revised WC manual page	Approved	Yes		

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

### **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 09/09/2008 Submitted Date 09/09/2008

Respond By Date

Dear Wanda Raymond,

All workers' compensation filings in Arkansas are prior approval with a 30 day waiting period. Upon request of the company the Commissioner may waive any part of the waiting period but it will never be approved retroactively. The earliest effective date I can give you is the date you respond to this letter. Please respond with the effective date you want and I will approve the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

# **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 09/09/2008 Submitted Date 09/09/2008

Dear Carol Stiffler,

#### **Comments:**

#### Response 1

Comments: Please change the effective date of this filing to 9/9/08. Thank you.

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

Sincerely,

Alice Jaruzel, Sarah Jones, Wanda Raymond

Company Tracking Number: CLARFGWC-38

TOI: 16.00 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

#### **Rate Information**

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: -5.400%

Effective Date of Last Rate Revision: 07/01/2007

Filing Method of Last Filing: Prior Approval

**Company Rate Information** 

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Ansur America Insurance	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Company							
Frankenmuth Mutual	0.000%	-1.439%	\$-18	0	\$-1,257	-1.439%	0.000%
Insurance Company							

### **Overall Rate Information for Multiple Company Filings**

Overall % Rate Indicated: 0.000%

Overall Percentage Rate Impact For This Filing: -1.439%

Effect of Rate Filing - Written Premium Change For This Program: \$-18

SERFF Tracking Number: FRNK-125795333 State: Arkansas

First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #? \$100

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

**Effect of Rate Filing - Number of Policyholders Affected:** 

0

SERFF Tracking Number: FRNK-125795333 State: Arkansas First Filing Company: State Tracking Number: #? \$100  $Ansur\ America\ Insurance\ Company,\ ...$ 

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

#### Rate/Rule Schedule

**Review Status: Exhibit Name:** Rule # or Page Rate Action **Previous State Filing Attachments** #:

Number:

Approved Revised WC manual Page E-4 ARWC-pg-E4-Replacement CLARFGWC-29

> Ansur.pdf page

> > ARWC-pg-E4-FMI.pdf

### **ANSUR AMERICA INSURANCE COMPANY**

### **EXCEPTION PAGES**

### **MISCELLANEOUS VALUES**

#### **TOTAL LOSSES**

Deductible		Hazard Group					
Amount	Α	В	С	D	E	F	G
\$ 1,000	10.8%	8.6%	7.4%	6.2%	5.2%	3.6%	2.7%
\$ 1,500	13.2%	10.6%	9.1%	7.6%	6.5%	4.5%	3.4%
\$ 2,000	15.0%	12.2%	10.5%	8.9%	7.6%	5.4%	4.1%
\$ 2,500	16.7%	13.6%	11.7%	10.1%	8.5%	6.2%	4.7%
\$ 3,000	18.1%	14.8%	12.8%	11.0%	9.4%	6.8%	5.2%
\$ 3,500	19.5%	15.9%	13.8%	11.9%	10.1%	7.5%	5.7%
\$ 4,000	20.6%	16.9%	14.8%	12.8%	10.9%	8.1%	6.2%
\$ 4,500	21.8%	17.9%	15.6%	13.6%	11.6%	8.6%	6.6%
\$ 5,000	22.8%	18.8%	16.5%	14.4%	12.3%	9.2%	7.0%

#### **MEDICAL LOSSES**

Deductible		)					
Amount	Α	В	С	D	E	F	G
\$ 1,000	10.5%	8.4%	7.1%	5.9%	5.0%	3.4%	2.5%
\$ 1,500	12.6%	10.1%	8.6%	7.3%	6.2%	4.2%	3.2%
\$ 2,000	14.2%	11.5%	9.9%	8.3%	7.1%	4.9%	3.7%
\$ 2,500	15.5%	12.6%	10.9%	9.2%	7.8%	5.6%	4.2%
\$ 3,000	16.7%	13.6%	11.8%	10.1%	8.5%	6.1%	4.6%
\$ 3,500	17.7%	14.5%	12.6%	10.7%	9.1%	6.6%	5.0%
\$ 4,000	18.7%	15.3%	13.3%	11.4%	9.7%	7.1%	5.3%
\$ 4,500	19.5%	16.0%	14.0%	12.1%	10.2%	7.5%	5.7%
\$ 5,000	20.3%	16.7%	14.5%	12.6%	10.7%	7.9%	6.0%

### INDEMNITY LOSSES

Deductible		Hazard Group						
Amount	Α	В	С	D	E	F	G	
\$ 1,000	2.2%	1.7%	1.6%	1.5%	1.3%	1.1%	0.8%	
\$ 1,500	3.1%	2.4%	2.2%	2.1%	1.8%	1.6%	1.2%	
\$ 2,000	3.8%	3.1%	2.8%	2.7%	2.3%	1.9%	1.5%	
\$ 2,500	4.5%	3.7%	3.3%	3.2%	2.7%	2.3%	1.7%	
\$ 3,000	5.2%	4.2%	3.8%	3.6%	3.2%	2.7%	2.0%	
\$ 3,500	5.7%	4.7%	4.3%	4.0%	3.6%	3.0%	2.2%	
\$ 4,000	6.2%	5.2%	4.7%	4.4%	3.9%	3.3%	2.5%	
\$ 4,500	6.7%	5.6%	5.2%	4.7%	4.2%	3.6%	2.7%	
\$ 5,000	7.2%	6.0%	5.5%	5.2%	4.6%	3.8%	3.0%	

Loss Cost Multiplier - Apply the following Loss Cost Multiplier to NCCI prospective loss costs:

Workers' Compensation

Referral Classes	1.40
Non-referral Classes	1.30

#### **Terrorism Coverage**

Terrorism Rate	0.01
Catastrophe (other than Certified Acts of Terrorism) Rate	0.01

### FRANKENMUTH MUTUAL INSURANCE COMPANY

#### **EXCEPTION PAGES**

### **MISCELLANEOUS VALUES**

#### **TOTAL LOSSES**

Deductible	Hazard Group						
Amount	Α	В	С	D	E	F	G
\$ 1,000	10.8%	8.6%	7.4%	6.2%	5.2%	3.6%	2.7%
\$ 1,500	13.2%	10.6%	9.1%	7.6%	6.5%	4.5%	3.4%
\$ 2,000	15.0%	12.2%	10.5%	8.9%	7.6%	5.4%	4.1%
\$ 2,500	16.7%	13.6%	11.7%	10.1%	8.5%	6.2%	4.7%
\$ 3,000	18.1%	14.8%	12.8%	11.0%	9.4%	6.8%	5.2%
\$ 3,500	19.5%	15.9%	13.8%	11.9%	10.1%	7.5%	5.7%
\$ 4,000	20.6%	16.9%	14.8%	12.8%	10.9%	8.1%	6.2%
\$ 4,500	21.8%	17.9%	15.6%	13.6%	11.6%	8.6%	6.6%
\$ 5,000	22.8%	18.8%	16.5%	14.4%	12.3%	9.2%	7.0%

#### MEDICAL LOSSES

Deductible		)					
Amount	Α	В	С	D	E	F	G
\$ 1,000	10.5%	8.4%	7.1%	5.9%	5.0%	3.4%	2.5%
\$ 1,500	12.6%	10.1%	8.6%	7.3%	6.2%	4.2%	3.2%
\$ 2,000	14.2%	11.5%	9.9%	8.3%	7.1%	4.9%	3.7%
\$ 2,500	15.5%	12.6%	10.9%	9.2%	7.8%	5.6%	4.2%
\$ 3,000	16.7%	13.6%	11.8%	10.1%	8.5%	6.1%	4.6%
\$ 3,500	17.7%	14.5%	12.6%	10.7%	9.1%	6.6%	5.0%
\$ 4,000	18.7%	15.3%	13.3%	11.4%	9.7%	7.1%	5.3%
\$ 4,500	19.5%	16.0%	14.0%	12.1%	10.2%	7.5%	5.7%
\$ 5,000	20.3%	16.7%	14.5%	12.6%	10.7%	7.9%	6.0%

### INDEMNITY LOSSES

Deductible		Hazard Group						
Amount	Α	В	С	D	E	F	G	
\$ 1,000	2.2%	1.7%	1.6%	1.5%	1.3%	1.1%	0.8%	
\$ 1,500	3.1%	2.4%	2.2%	2.1%	1.8%	1.6%	1.2%	
\$ 2,000	3.8%	3.1%	2.8%	2.7%	2.3%	1.9%	1.5%	
\$ 2,500	4.5%	3.7%	3.3%	3.2%	2.7%	2.3%	1.7%	
\$ 3,000	5.2%	4.2%	3.8%	3.6%	3.2%	2.7%	2.0%	
\$ 3,500	5.7%	4.7%	4.3%	4.0%	3.6%	3.0%	2.2%	
\$ 4,000	6.2%	5.2%	4.7%	4.4%	3.9%	3.3%	2.5%	
\$ 4,500	6.7%	5.6%	5.2%	4.7%	4.2%	3.6%	2.7%	
\$ 5,000	7.2%	6.0%	5.5%	5.2%	4.6%	3.8%	3.0%	

Loss Cost Multiplier - Apply the following Loss Cost Multiplier to NCCI prospective loss costs:

Workers' Compensation

Referral Classes	1.40
Non-referral Classes	1.30

#### **Terrorism Coverage**

Terrorism Rate	0.01
Catastrophe (other than Certified Acts of Terrorism) Rate	0.01

Company Tracking Number: CLARFGWC-38

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: All State WC 9-08 Rate Revision

Project Name/Number: Multistate WC - Terrorism Rate & Form Revision - Eff. 9-1-08/16775

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 09/09/2008

Property & Casualty

Comments:

Attachment:

PC TD-1.pdf

**Review Status:** 

Satisfied -Name: NAIC Loss Cost Filing Document Approved 09/09/2008

for Workers' Compensation

**Comments:** 

N/A - Our on-file LCM has not changed. This is an informational filing to show the revision to our manual page due to the adoption of NCCI's Item B-1407 revision.

**Review Status:** 

Satisfied -Name: NAIC loss cost data entry document Approved 09/09/2008

Comments:

N/A - This is an informational filing to show the revision to our manual page due to the adoption of NCCI's Item B-1407 revision.

**Review Status:** 

Satisfied -Name: Cover Letter Approved 09/09/2008

Comments:

Attachment:

Cover Letter.pdf

# **Property & Casualty Transmittal Document (Revised 1/1/06)**

	1. Reserved for Insura	ance 2	. Insu	rance Department	<b>Use only</b>	
	Dept. Use Only	a	. Date	the filing is receive	d:	
		b	. Anal	yst:		
		c	. Dispo	osition:		
		d	. Date	of disposition of the	e filing:	
		e	. Effec	ctive date of filing:		
			N	lew Business		
				Renewal Business		
		f.		Filing #:		
		g		FF Filing #:		
		h	. Subje	ect Codes		
3.	Group Name					Group NAIC #
	Frankenmuth Financial (	Group				1309
4.	Company Name(s)			Domicile	NAIC#	FEIN#
	Ansur America Insuranc			MI	10984	38-3467437
	Frankenmuth Mutual Ins	surance Compar	ıy	MI	13986	38-0555290
_	C T I' N	1	CTA	DECING 40		
5.	Company Tracking Nu			RFGWC-38		
	tact Info of Filer(s) or C		er(s) [i	nclude toll-free numb		1
<b>Con 6.</b>	Name and address	Title		Telephone #s	Fax #	e-mail
	Name and address Wanda Raymond			<b>Telephone</b> #s (800) 234-1133;	Fax # (989) 652-	
	Name and address Wanda Raymond One Mutual Avenue	Title		Telephone #s	Fax #	e-mail wanda.raymond@ffgrp.c
	Name and address Wanda Raymond	Title		<b>Telephone</b> #s (800) 234-1133;	Fax # (989) 652-	
	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI.	Title R&D Senior A		Telephone #s (800) 234-1133; Ext. 2645	Fax # (989) 652-5509	
7.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f	Title R&D Senior A		Telephone #s (800) 234-1133; Ext. 2645  Wanda Raym	Fax # (989) 652-5509	
7. 8.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f	Title R&D Senior A filer horized filer	ssociate	Telephone #s (800) 234-1133; Ext. 2645  Wanda Raymond Wanda Raymond	Fax # (989) 652-5509	
7. 8.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of authorized fing information (see Geometric Section 1) (see Geometric Section 2) (	Title R&D Senior A  filer horized filer eneral Instructi	ssociate	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond Wanda Raymond descriptions of thes	Fax # (989) 652-5509 ond	
7. 8. Fili 9.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of auth ng information (see Ge Type of Insurance (TO	Title R&D Senior A  filer horized filer eneral Instructi DI)	ons for	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond Wanda Raymond descriptions of thes  0000 Workers' Compe	Fax # (989) 652- 5509  ond e fields) ensation	wanda.raymond@ffgrp.c
7. 8. Fili 9.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of auth ng information (see Ge Type of Insurance (TO Sub-Type of Insurance	Title R&D Senior A  filer horized filer eneral Instruction (CSub-TOI)	ons for	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond Wanda Raymond descriptions of thes	Fax # (989) 652- 5509  ond e fields) ensation	wanda.raymond@ffgrp.c
6. 7. 8. Fili 9.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of auth ng information (see Ge Type of Insurance (TO	Title R&D Senior A  filer horized filer eneral Instruction (Sub-TOI) code(s)(if	ons for	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond Wanda Raymond descriptions of thes  0000 Workers' Compe	Fax # (989) 652- 5509  ond e fields) ensation	wanda.raymond@ffgrp.c
7. 8. Fili 9. 10. 11.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of authorized f Inginformation (see Geometry Grankenmuth) Type of Insurance (TO Sub-Type of Insurance State Specific Product applicable)[See State Specific Company Program Tite	Title R&D Senior A  filer horized filer eneral Instructi DI) e (Sub-TOI) code(s)(if ic Requirements]	ons for 16.0 16.0 Wo	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond  Wanda Raymond  descriptions of thes  0000 Workers' Compensation	Fax # (989) 652- 5509  ond  e fields) ensation ors' Compensat	wanda.raymond@ffgrp.c
7. 8. Fili 9. 10.	Name and address Wanda Raymond One Mutual Avenue Frankenmuth, MI. 48787 Signature of authorized f Please print name of auth ng information (see Ge Type of Insurance (TO Sub-Type of Insurance State Specific Product applicable)[See State Specific	Title R&D Senior A  filer horized filer eneral Instructi DI) e (Sub-TOI) code(s)(if ic Requirements]	ons for 16.0	Telephone #s  (800) 234-1133; Ext. 2645  Wanda Raymond  Wanda Raymond  descriptions of thes  0000 Workers' Competition  0004 Standard Worker  rkers' Compensation  Rate/Loss Cost	Fax # (989) 652- 5509  ond  e fields) ensation ers' Compensat	wanda.raymond@ffgrp.c
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# **Property & Casualty Transmittal Document---**

20.	This filing transmittal is part of Company Tracking #   CLARFGWC-38						
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]						
,	Please refer to filing memo for additional information.						
22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
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	required, other state specific forms, etc.)						



September 8, 2008

Subject: Workers' Compensation Rate Filing

Effective September 1, 2008; Filing Number CLARFGWC-38

Ansur America Insurance Company, NAIC 10984 Frankenmuth Mutual Insurance Company, NAIC 13986

Dear Commissioner:

Frankenmuth Insurance would like to file the following revisions to our Workers' Compensation Program:

Revise manual pages to include the adoption of NCCI's Item B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Forms revision. In addition, we have moved our Terrorism and Catastrophe rates into the Miscellaneous Values section of our Workers' Compensation manual and are withdrawing our separate Terrorism section, which was previously on-file with your department.

Should you have any questions regarding this filing, you can contact me at 800-234-1133, Ext. 2645 or wanda.raymond@ffgrp.com.

Sincerely,

Wanda Raymond

**R&D Senior Associate** 

Wanda Raymond

**Enclosures** 

Project # 16775

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